RI SOS Filing Number: 202187978990 Date: 1/27/2021 1:02:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

-> Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1 2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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The name of the corporation is:				
Wolters Kluwer DXG U.S., Inc.				
2. It is incorporated under the laws of: Delaware				
3. The name, if different, which it elects to use in Rho				
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereof above corporate endings for use in Rhode Island:	incorporation does not contain the first then list the name of the corpo	he word "corporation", "company", ration with the addition of one of the		
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:				
4. The date of its incorporation is 03/25/2020				
And the period of its duration is: CHECK ONE BOX	ONLY			
□ X Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
2700 Lake Cook Road, Riverwoods, IL 60015				
6. The name and address of the initial registered age	ent/office in Rhode Island:			
Agent Name C T Corporation System				
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		

MAIL TO:

Division of Business Services

148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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8. (a) The names and re state or country of which		directors (optional, unless direc	tors are required under the laws of the		
NAME		ADDRESS			
J. Michele Balnius	2700 Lake (Cook Road, Riverwoods, IL 6001	5		
Thomas J. Nestor	28 Liberty S	28 Liberty Street, 43rd FL, New York, NY 10005			
Atul Dubey 28 Liberty Street, N		Street, New York, NY 10005	vew York, NY 10005		
					
		C	heck the box to indicate an attachment		
8. (b) The names and re of the state or country of	espective addresses of its (f which it is incorporated):	principal officers (mandatory if	directors are not required under the laws		
OFFICE	NAME		ADDRESS		
PRESIDENT	Dennis Cahill	2001 MARKET ST	REET, PHILADELPHIA, PA 19103		
VICE PRESIDENT	J. Michele Balnius	2700 Lake Cook Ro	2700 Lake Cook Road, Riverwoods, IL 60015		
TREASURER	Irving Feldman	2700 Lake Cook Ro	2700 Lake Cook Road, Riverwoods, IL 60015		
SECRETARY	Robert Ingato	28 Liberty Street, 2	28 Liberty Street, 26th Floor, New York, NY 10005-1514		
			Check the box to indicate an attachment X		
9. The aggregate numb par value, and series, if	er of shares which it has a any, within a class, is:	outhority to issue; itemized by c	lasses, par value of shares, shares without		
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
1,000	Common		\$1.0000		
,					
located within this state	e during the following year rever located. (Note: Perco	on that the estimated value of the bears to the value of all proper contage obtained from worksheet	the property of the corporation to be ty of the corporation to be owned during et.)		
11 An estimate as a	nercentage of the proport	ion of the gross amount of bus	iness to be transacted by the corporation ed to the gross amount thereof which will be		

12. This application must be accompanied by a <u>Ci</u> formation dated within 60 days of the date of this t		etter of Status from the state or country of
13. Date when the Certificate of Authority will be e	ffective CHECK ONE BOX	ONLY
□ Date received (Upon filing)		
Later effective date (Date must be no more the	nan 90 days from the date of	filing)
Under penalty of perjury, I declare and affirm that accompanying attachments, and that all statements		
Type or Print Name of Authorized Officer		Date
Erin M. Sanders		01/27/2021
Signature of Authorized Officer of the Corporation	ijekolmuzi 1958fol	lis_

Attachment to Rhode Island Officers & Directors

1 Full Name: Heather Ford Officer/Director: Officer

Officer's Title: Assistant Secretary

Business Address: 4600 Syracuse St., Ste 1200

City: Denver State: CO ZIP Code: 80237

2 Full Name: Erin M. Sanders

Officer/Director: Officer

Officer's Title: Assistant Secretary
Business Address: 2700 Lake Cook Rd

City: Riverwoods

State: IL
ZIP Code: 60015
3 Full Name: Greg Tatham
Officer/Director: Officer

Officer's Title: Vice President

Business Address: 2700 Lake Cook Road

City: Riverwoods

State: IL
ZIP Code: 60015
4 Full Name: Mark Labuz
Officer/Director: Officer
Officer's Title: CFO

Business Address: 2700 Lake Cook Road

City: Riverwoods

State: IL ZIP Code: 60015

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WOLTERS KLUWER DXG U.S., INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202340482

Date: 01-21-21

7913217 8300 SR# 20210187341 RI SOS Filing Number: 202187978990 Date: 1/27/2021 1:02:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

January 27, 2021 01:02 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

